

# Headaches

## Brown Health Services Patient Education Series

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### What are headaches?

Headache is among the most common medical complaints. These problems may require a visit to your medical provider.

### What causes headaches?

Headaches are most commonly caused by:

- Hereditary
- Illnesses
- Erratic eating or disordered eating habits
- Dehydration
- Recreational drugs and alcohol misuse.
- Poor sleep hygiene or sleep habits.
- Processed foods and red wine
- Caffeine intake or sudden decrease in caffeine use.
- Medication, such as birth control pills, or tetracycline for acne.
- Dental infection or abscess, and jaw alignment problems such as temporomandibular disorder (TMJD).
- Prolonged use of electronics, laptops and other screens.

### Common types of headaches

There are multiple different types of headache.

#### Tension-Type headaches

Tension headaches are the most common type of headache. They are mild to moderate intensity, bilateral, non throbbing headaches, without concerning features seen with other types of headaches (not aggravated by activity, no sensitivity to light, no nausea, no vomiting, etc). Often described as a tight band around the head. Headaches sometimes start in the shoulders and

move upward to the back of the head. Stress and lack of sleep can cause a tension headache.

#### Migraines

A migraine is thought to occur as an “attack” that reflects a complex cascade of events in the brain. The headache of migraine is often, but not always, felt on one side and tends to have a throbbing or pulsatile quality, at moderate-severe intensity. Migraines tend to get worse with physical activity. Accompanying features may include nausea, vomiting, photophobia, or phonophobia. Auras occur for about 25% of migraine sufferers. Auras precede the onset of a headache attack, they can also occur during the attack. Auras can include seeing bright shapes, wavy lines, hearing ringing/buzzing, sensing tingling or numbness, even language difficulties. Migraines are thought to have a strong genetic component. Migraine sufferers are encouraged to identify triggers, so to avoid them and therefore hopefully experience fewer migraines. Common triggers include emotional stress, sleep disturbance, hormonal fluctuation, and inadequate dietary intake.

#### Cluster Headaches (also known as trigeminal autonomic cephalalgias)

Cluster headaches are severe headache attacks, often described as sharp or stabbing, always one-sided, and most often around the eye or temple. A cluster headache often is accompanied by pupil changes, a drooping eyelid, increased tearing, reddened eyes, and a runny or stuffy nose. Restlessness and sweating are often seen. Cluster headaches can last anywhere from 15 minutes to 3 hrs, and can occur in repeat attacks over several days. Please see your Provider for further

assessment if you experience these types of headaches as diagnostic tests and specific treatments are indicated.

### **When should I see my medical provider?**

If you are worried about your headaches or if they are disrupting your academic work, home or social life, see your medical provider. Other signs that may warrant medical evaluation include:

Head injury:

- Headaches from a recent head injury should be checked right away, especially if you lost consciousness from the injury or have memory loss surrounding the event

Seizures:

- Any headaches associated with seizures or fainting require immediate medical attention.

Frequency:

- Your headaches are increasing in frequency
- You are using medication to treat the headaches more than twice/week.

Degree of Pain:

- Headache pain is severe
- Prevents you from doing activities you want to do.

Exercise-induced Headache:

- Occurs with onset of exercise or as exercise intensifies.

Time of attack

- Headaches that wake you from sleep or occur early in the morning.

Other associated symptoms:

- Visual difficulties: headaches that cause blurred vision, or other visual changes.
- Fever
- Vomiting
- stiff neck
- Toothache
- jaw or sinus pain accompany your headache

### **How are headaches treated?**

Treatment depends on the type of headache. Often pain relievers are used acutely.

- Acetaminophen and NSAIDS
- Combination medication: NSAIDS/aspirin, NSAIDS/caffeine products
- Intramuscular Ketorolac
- Triptans
- For those suffering frequent headaches, prophylactic medications are considered to prevent headaches.

In some cases your Health Care Provider may refer you to a Neurologist for further assessment.

Addressing triggers (contributing factors) is essential to managing headaches.

### **Complementary Therapies**

Many different types of therapies are available, depending upon the cause of your headaches. Such therapies may include dietary changes, biofeedback and other stress reduction measures, including appropriate psychological care. A chiropractor, acupuncturist, or massage therapist may be helpful. Acupuncture is now covered by most insurances.

Your Provider may also suggest keeping a headache diary to track triggers, duration of attack, nutrition, sleep and social habits, as well as exacerbating or ameliorating factors.

### **Special Note:**

Headaches related to emotional/psychological factors may best be addressed through counseling and appropriate psychiatric care to get to the cause of the problem.

Sources

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